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DIRECTOR OF PUBLIC HEALTH

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VOLUME 3, NUMBER 22 MAY 31, 1946 ANN WILSON HAYNES Editor

COMMUNITY SUPPORT NEEDED IN REPRESSION OF PROSTITUTION

CONTROL OF SOURCE OF VENEREAL INFECTIONS STILL A COMMUNITY PROBLEM

Although prostitution is a problem to be approached from a social, medical, and economic point of view, the medical profession basing its arguments on medical facts, must often assume leadership for the repression of prostitution . . . a leadership of such a character as to mobilize community support.

Acting upon information received from the State Department of Public Health that the increasing incidence of venereal diseases is associated with the renewal of prostitution, the Governor's Advisory Committee on Law Enforcement meeting in Fresno on April 10, 1946, adopted the following resolution:

WHEREAS, Within the last few months there has been a substantial increase in the number of venereal infections reported to the Department of Public Health of this State; and

WHEREAS, With the termination of active hostilities and the relaxing of military controls there appears to be a movement on the part of the underworld to open up houses of prostitution wherever possible; now, therefore, be it

Resolved, That it be the recommendation of this committee that all law enforcement agencies within the State be especially active and aggressive in preventing the establishment of houses of prostitution and in suppressing any that may exist; be it further

Resolved, That it is the recommendation of this committee that a conference be held between the appropriate representatives of the State Department of Public Health, the Attorney General and representatives of this committee for the purpose of establishing plans and procedures which will permit of the highest possible cooperation between the law enforcement agencies and the Department of Public Health, such conference to be arranged by the Attorney General and the representatives of this committee to be selected by him.

The Advisory Committee on Law Enforcement consists of 14 members, representing law enforcement agencies throughout the State: chiefs of police, district attorneys, sheriffs, constables, magistrates, and justices of the peace. Their cooperation in the repression of prostitution is of vital importance.

The members of each community in this State also have a responsibility in solving the problem of venereal disease control. If there is community interest and awareness of what the problem is and what can now be accomplished, that alertness will prevent the reestablishment of some of the houses and districts which were repressed during the war.

Cities which do not vigorously attack prostitution usually have a high venereal disease rate. While medical treatment of the venereal diseases has improved, the problem of reducing the source of infection through the repression of prostitution remains to be solved.

CENTRAL REGISTRY PROVIDES AUTHORITATIVE INFORMATION

During the war, because of the tremendous increase in information concerning the source and spread of venereal infections that came to the attention of local and State health agencies, it was necessary to set up a National clearing house or what is officially termed a Central Registry. The Registry facilitates the exchange of epidemiological data among local health departments; initiates investigations on premarital and prenatal examinees, industrial groups, Selective Service applicants, discharged veterans, and many others who have positive blood tests; and it notifies the armed forces and State health departments of venereal disease contacts within their jurisdiction. Information concerning the contact of a venereally infected person who acquired the disease in California is sent to the Central Registry, where all information on that person is collected, coded, and tabulated by machine. Reports are sent to each health department participating.

In the first year of the use of the Central Registry, 1943, 23,640 contact investigations were processed in California, but in 1945, 34,205—an increase of approximately 50 per cent. It became so apparent that prosti-

tution was involved in such a large percentage of these cases that in order to assist communities with this problem, the California State Department of Public Health compiled a list of locations named by patients as the place where they met the person they had reason to believe gave them their infection. It also listed the place where the exposure occurred and indicated whether or not a fee was paid. These reports have been continued and definitely confirm the belief that prostitution has increased.

PROSTITUTION INCREASED 300 PER CENT

In comparing the reports for 1944 and 1945, it was found that prostitution had increased 300 per cent in 1945 over 1944. This increase has been associated with a 50 per cent increase in the number of venereal diseases infections during the same interval. This increase can not be entirely attributed to an increase in the population for according to the California Taxpayers' Association the population increase for the five-year period 1940-1945 was only 34 per cent.

Reports for March and April show that a return of commercialized prostitution has been observed in several communities of the State. The exploiters of prostitution have awaited the end of the war with the hope that opposition forces would relax and enable them to operate unhampered. Former vice interests and operators of houses of prostitution counting on this relaxation and on a general let-down in community morale have in some places already reopened their houses. Many of them never gave up the titles or leases on their former brothels.

Organized vice has a big financial stake for which to fight. It is a "big" business and intends to remain so. Against the pressures of the promoters of prostitution, pimps, madams, prostitutes, shysters, and shady real estate operators, the continued support and assistance of an alert citizenry are needed. Support of law enforcement must be strong if it is to make itself felt in opposition to those pressures.

Because prostitution is the greatest single means of spreading venereal diseases, it is responsible for millions of hours lost by disabled workers; and it costs the taxpayers of the Nation enormous sums for the treatment of those infected with these diseases. It takes money that might better be spent for commodities essential to the maintenance of good health.

Under the laws of California, prostitution is a crime. From time to time additional laws and measures have been passed by the State and others by counties and cities. They should be enforced not only because venereal disease is spread by prostitution, but also because the practice tends to undermine the integrity of our social institutions.

To back up official law enforcement against prostitution, it may be necessary to organize voluntary committees. Effective in improving conditions in the past have been the cooperative efforts of local officials, lay community leaders, the police, the courts, welfare agencies, civic clubs, and the health officers. With them hotels, taxi companies, liquor interests, taverns and other groups worked out a realistic, energetic, and comprehensive attack on prostitution. When responsible citizens make a sincere and concerted effort to defend their community against commercialized vice, they have shown that they can succeed in abolishing commercialized prostitution.

PEOPLE MISLED BY FALLACIES

Many who could be interested in supporting a program for the repression of prostitution have been misled by a series of fallacious statements.

One fallacy has been fed to the public to the effect that prostitution can be made safe or kept safe by the periodic examination of prostitutes and by the treatment of those found diseased. Not only is examination of prostitutes ineffective, it is also misleading and tends to create a false sense of security. Furthermore it places the physician and the health department in the position of giving the stamp of approval to prostitution.

Prostitutes are at one time or another infected with a venereal disease, and because they operate on a mass basis, they have neither the time nor the inclination to adopt or to carry out protective measures. No system of public health control yet devised has made prostitution even reasonably safe.

Because of the spirit of patriotism a few years ago much was accomplished toward the repression of prostitution during the war. Today the same resources should be utilized to protect the civilian population as well as the military. Syphilis and gonorrhea are still venereal diseases whether the man wears khaki, navy blue, or civvies. They are still disabling diseases regardless of race, sex, color, age, or creed.

Although many raise the cry that repression of prostitution brings greater evils such as rape and seduction and a scattering of vice all over the city, the facts have disproved this claim. For the most part rape has little or nothing to do with prostitution. As a rule, rapists are pathological degenerates who have no interest in prostitutes. They operate independently from the business of vice. Seduction goes on during the presence or absence of red light districts. It has been observed that the scattering happens only when some of the citizens and authorities want it to happen.

When houses of prostitution have been closed not only in California but in all parts of the United States, the reports from individual communities provide over-

whelming evidence that an increase in promiscuous contacts has not resulted.

EFFECTIVE PROGRAM FOR REPRESSING PROSTITUTION

An effective program against prostitution requires the closing of all houses of prostitution and keeping them closed. It involves the prosecution of individuals who derive profit from prostitution—as the madams, and procurers. It involves the use of jail sentences rather than fines, since the latter practice places the community in the position of deriving revenue from illegal business. It involves the supervision of such places as night clubs, tourist camps, and beer parlors. It requires adequate social service for the prevention of delinquency; medical, legal, and social consideration for the prostitute who is amenable—prosecution for those who are not.

Repressing prostitution and treating physically and socially those who have been involved in it should be part of a continuing community program as a matter of civic welfare and civic health.

A second article on the repression of prostitution will follow in a later issue.

MENTAL HYGIENE LEGISLATION

An allocation to the Department of Mental Hygiene for State hospital construction, made by the Legislature in special session, was the largest ever made to the department, namely $57,500,000.

Another appropriation of $3,300,000 was made available for the acquisition, establishment, and operation of additional temporary hospital facilities for mental patients in State institutions. The intent of this act is to utilize hospitals no longer needed by the armed forces and thus make available almost immediately sufficient beds to relieve most of the overcrowding in State institutions.

Sections 6726 and 7012.5 of the Welfare and Institutions Code, relating to the support of mental patients in family care homes, were amended in the special session to allow the Department of Mental Hygiene to pay up to $45 a month for the foster home care of a patient on leave of absence from a State Hospital for the mentally ill or institution for the mentally deficient. Sections 6726.1 and 7012.6 were repealed.

CHANGE IN HEALTH OFFICERS

Dr. L. R. Hillyer has replaced Dr. George B. Pimentel as health officer of the City of Los Banos.

EXAMINATION FOR PUBLIC HEALTH NURSING CERTIFICATE

An examination for the State Public Health Nursing Certificate will be held by the State Department of Public Health, November 23, 1946, in San Francisco and in Los Angeles. Application forms and information concerning admission to the examination may be obtained from the State Department of Public Health in either city. Completed applications must be sent not later than November 8th to the Bureau of Public Health Nursing, 509 Phelan Building, 760 Market Street, San Francisco 2, California.

This announcement is made now—while there is time to register for summer courses—for the benefit of those who may need only a few additional credits in order to qualify under the present regulations. It is also a reminder that new and higher requirements will go into effect January 1, 1947.

INSTITUTE ON VENEREAL DISEASE NURSING

Further information is presented concerning the institute on venereal disease nursing, July 15 to August 2, 1946, offered at the University of California at Los Angeles in cooperation with the California State Department of Public Health.

Tuition allowances of $17.50 have been made available by the State Department of Public Health to a registered nurse who is:

1. Employed in a hospital or treatment center treating venereal disease patients or in a public health agency which has a venereal disease program or plans to develop such a program.
2. Recommended for the allowance by the director of the agency in which she is employed.
3. Planning to return to the agency which recommends her for the allowance.

Forms for applying for the *tuition* allowance may be obtained from the Bureau of Public Health Nursing, California State Department of Public Health, 509 Phelan Building, 760 Market Street, San Francisco 2. Applications must be filed not later than June 14th.

The course will be conducted by Mrs. Evangeline Morris, Associate Professor of Nursing, Simmons College, with medical lecturers provided by the Bureau of Venereal Diseases, State Department of Public Health. The prevention, treatment, and the social implications of syphilis and gonorrhea will be discussed with emphasis on the role of the public health nurse in the control program.

Three units of university credit will be given upon completion of the course.

Application forms for *admission* are available from the Director of Summer Sessions, University of California at Los Angeles.

FEDERAL BILLS RELATING TO PUBLIC HEALTH

The purpose of some of the more recent Federal bills relating to public health and the action reported on certain of the earlier bills is presented here. Much of the Federal legislation dealing with health has already been reported in *California's Health* (Oct. 15 and 31, 1945, and Jan. 31, 1946).

S. 1592. By Mr. Wagner (N.Y.), Mr. Taft (Ohio), Mr. Ellender (La.). The Senate has passed and sent to the House this bill—"General Housing Act of 1946"—which is designed to remedy the serious cumulative housing shortage, to eliminate slums and blighted areas, to realize as soon as feasible the goal of a decent home and a suitable living environment for every American family.

H.R. 5686. By Mr. Forand (R.I.). A bill to assist the States and to provide the leadership of a common program to the end that no person in the country need go hungry for want of public aid and that, where needed, welfare services may be made suitable to alleviate or prevent poverty, to minimize its resultant social evils, and to promote the welfare of those who can not protect themselves, especially children.

This bill—"Public Welfare Act of 1946"—authorizes direct payments to doctors, institutions, and other agencies furnishing necessary medical care to the needy. It permits these adults who require medical care voluntarily to reside in public as well as private institutions without loss of their cash assistance. Unified administration of federally aided welfare programs at all levels of government is required under this bill. It also proposes placing the administrative responsibility for the Children's Bureau in the Federal Security Agency.

S. 1850. By Mr. Kilgore (W. Va.), Mr. Magnuson (Wash.), Mr. Johnson (Colo.), Mr. Pepper (Fla.), Mr. Fulbright (Ark.), Mr. Saltonstall (Mass.), Mr. Thomas (Utah), and Mr. Ferguson (Mich.). This bill—"National Science Foundation Act of 1946"—provides for the creation of a National Science Foundation and represents a compromise of proposals brought out in previous bills (S. 1297 and S. 1825). The Military Affairs Committee in reporting S. 1850 to the Senate stated that "it reconciles in the most constructive manner a number of alternate proposals which have been put forth on the subject of Federal support of science. In particular, it reconciles the viewpoints of experts on public administration and scientists."

S. 1779. By Mr. Pepper (Fla.), Mr. George (Ga.), Mr. LaFollette (Wis.), Mr. Taft (Ohio). A bill to provide legislative authority and funds to continue after June 30, 1946, the social protection program started by the Federal Government in 1941. In it the Federal Security Administrator is authorized to assist the States and their political subdivisions as well as nongovernmental organizations to develop and carry out measures for the following purposes: (1) prevention of prostitution; (2) elimination of conditions contributing to sex delinquency; (3) provision of services for the rehabilitation of sex delinquents. The Senate Committee on Education and Labor has recommended that the Senate pass this bill.

The Senate and the House each passed the proposed "National School Lunch Act" (H.R. 3370) but with different provisions as to appropriations, matching, and nutrition education (The Senate substituted the provisions of S. 962 for the House-passed provisions). The two versions of H.R. 3370 were referred to a joint conference committee.

The House passed the "National Mental Health Bill" (H.R. 4512), but consideration in the Senate was delayed by the hearings on the proposed "National Health Act" (S. 1606 and H.R. 4730).

The House Subcommittee on Aid to the Physically Handicapped is giving active consideration to H.R. 5206, a bill to establish in the Department of Labor a Federal Commission for the Physically Handicapped to deal with the problems of the 25,000,000 physically handicapped citizens of the United States.

The House Committee on Rivers and Harbors has reported favorably on the Water Pollution Control Act (H.R. 6024) to establish a program of preventing, abating, and controlling the sources of water pollution, to be administered by the Surgeon General of the U. S. Public Health Service.

PROTECTION FROM X-RAYS

When more than 50 patients are X-rayed in a day, the Bureau of Adult Health has found that the technician and attendant in a mobile survey unit are exposed to roentgen rays in excess of the safe limit. Inasmuch as under certain conditions as many as 500 or 600 persons may be X-rayed in one day, the bureau recommends the use of lead screens and their correct positioning.

CIVIL SERVICE EXAMINATIONS

The State Personnel Board announces a civil service examination for Assistant Chief, Division of Laboratories. The final date for filing application is June 15th; the examination date is July 6th.

An examination is also announced for Public Health Dental Hygienist, Grade 2. The final date for filing application is June 4th; the examination date is June 25th.

ALL OUT PROTECTION AGAINST SMALLPOX

Since the first of the year 2,500,000 people have been vaccinated in California, according to the only estimates available. Although the lines of immunization candidates have long since dwindled and stopped, it would appear that, counting the present vaccinees and the persons vaccinated in previous years, about 75 per cent of the population of this State is immune to smallpox.

This remarkable vaccination campaign gathered momentum as the 13 cases of smallpox were reported in California during the first four months of the year. Six were among military personnel coming from the Orient and seven among civilians. Since the last known exposure outside of isolation facilities occurred April 6th and no new cases have developed from reported cases or from known exposures, danger from them at least no longer threatens. However, the possibility of reintroduction of the infection from the Orient is ever present and vigilance should not be relaxed.

Photograph, courtesy of Sacramento Bee

Six Months to 86 Years Six Deep and a Block Long

With the finding of the first case of smallpox came the appeal: All persons who have not been recently vaccinated are urged to report immediately to their private physician or local health officer for vaccination. And a health-educated citizenry responded.

In the cities it was not uncommon to find lines six deep and more than a block long at times, moving down corridors to tables where doctors and nurses and their helpers worked swiftly. In some towns the health department reorganized their programs to release personnel to assist with the vaccinations. In some cities the addition of more doctors and nurses to the staff was authorized to take care of the backlog of people who had requested vaccination by the health department. Funds were appropriated for the purchase of additional vaccine to combat the smallpox threat.

Plant medical departments of various industries vaccinated employees by the thousand. Medical association and health department personnel assisted in the vaccination of people housed at the farm labor camps.

County health departments throughout the State made a series of tours among outlying communities. In some counties where a full-time public health department did not exist, private physicians got together with the part-time health officer and arranged to give the vaccinations. Public health nurses organized vaccination schedules, got supplies together, arranged for volunteer helpers, and assisted the doctors with the vaccinating. All in all, there was no plausible excuse for anyone to be a potential smallpox victim and a menance to the well-being of others.

Photograph, courtesy of Stockton Record

Doctors and Nurses Work Swiftly

The State Department of Public Health assisted in the vaccination of State employees and certain other groups and in the differential diagnosis of several sus-

pected cases reported by local health officers. Members of the nursing staff assisted with vaccination programs for State employees and some were loaned to local health departments.

When several hundred soldiers and the civilian train employees were exposed to smallpox on a troop train entering California, city and county health officers on being notified by the State Department of Public Health of the exposures, kept the individuals under observation during the incubation period.

Health officers in some communities found it necessary to quash fast-spreading rumors regarding the number of cases. Occasionally the doctor had to reassure a vaccination candidate that "a scar isn't a blemish but a sign that you live in a civilized community." Nurses discovered a few people working on the theory that if a little vaccination is a good thing, a lot would be better. These would-be repeaters were excused from a second vaccination.

Vaccinees ranged in age from 6 months to 86 years. Some were vaccinated in the office of private physicians, others in health centers, schools, Red Cross rooms, fire houses, women's clubs, city halls, churches, or in any other center accessible to the public.

Photograph, courtesy of Berkeley Daily Gazette

A Health-educated Citizenry Responded

When scheduled hours proved inconvenient to the public, more suitable hours were arranged. Augmented staffs of medical helpers were employed to operate the clinics, which remained open until all had been served. Some remained open seven days a week.

Altogether, health departments, the doctors, the nurses and their volunteer helpers accomplished a great service in protecting the people of this State from smallpox—an outstanding service in the history of public health in California.

DIRECTORY OF STATE BOARD AND STATE DEPARTMENT OF PUBLIC HEALTH

Following is a directory of the members of the State Board of Public Health and the chiefs of the State Department of Public Health Divisions and Bureaus:

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STATE DEPARTMENT OF PUBLIC HEALTH

WILTON L. HALVERSON, M.D.
Director of Public Health

Division of Administration

Robert G. Webster	Chief, Division of Administration
Ann W. Haynes	Chief, Bureau of Health Education
Appointment pending	Bureau of Records and Statistics [a]
Robert G. Webster	Acting Chief, Bureau of Business Management

Division of Preventive Medical Services

Robert Dyar, M.D.	Chief, Division of Preventive Medical Services
Lester Breslow, M.D.	Acting Chief, Bureau of Acute Communicable Diseases
Harold T. Castberg, M.D.	Acting Chief, Bureau of Adult Health [b]
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Rena Haig	Chief, Bureau of Public Health Nursing
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A. Frank Brewer, M.D.	Chief, Bureau of Venereal Diseases
Philip K. Gilman, M.D.	Chief, Bureau of Hospital Survey
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Division of Environmental Sanitation

Frank M. Stead	Chief, Division of Environmental Sanitation
Milton P. Duffy	Chief, Bureau of Food and Drugs
C. G. Gillespie	Chief, Bureau of Sanitary Engineering [c]
Frank M. Stead	Acting Chief, Bureau of Vector Control

Division of Laboratories

Malcolm H. Merrill, M.D. [e]	Chief, Division of Laboratories [d]

Division of Local Health Service

Ellis D. Sox, M.D.	Chief, Division of Local Health Service

PRINCIPAL OFFICE: 760 Market Street, San Francisco 2, California

[a] Address: 631 J Street, Sacramento 14, California.
[b] Address: 2002 Acton Street, Berkeley, California.
[c] Address: 15 Shattuck Square, Berkeley, California.
[d] Address: 3093 Life Sciences Building, University Campus, Berkeley.
[e] Also acting as Deputy Director under administrative assignment.

A REPORT FROM EMIC

A summary of the Emergency Maternity and Infant Care Program in California shows that a total of 83,650 women and 6,622 infants was admitted for care from July 1943—when the program started—through April, 1946.

Of these totals, 2,448 women and 312 infants were admitted in April—as compared with 2,338 women and 287 infants admitted in March.

Of the total cases admitted, the following have been completed: 62,015 women; 3,681 children.

Total expenditures amount to $6,964,213.51, of which $206,347.51 was paid out in April.

OPINION OF THE ATTORNEY GENERAL

In connection with Chapter 20, Statutes of 1946, appropriating funds for allocation to local governmental agencies for public works projects, the District Attorney of Tuolumne County on behalf of a group of district attorneys asked for an opinion on the following two questions:

(1) May other projects than those enumerated in Section 13 of the act be deemed to be projects in which the State has an interest?

(2) May a county in view of the wording of Sections 10 and 13 expend more than one-third of its allocation for road purposes?

The Attorney General's ruling in answer to the first question is:

"In view of the specific language of Sections 3 and 18 that only those types of projects qualify as to which the Legislature, in the act itself, finds and declares a State interest, it is our opinion that only those types which are specifically enumerated can be used as a basis for State allocations."

In answer to the second question the ruling is:

"It is our opinion that only those types of projects which are specifically enumerated in Section 13 can qualify for State allocations from the amounts available to counties; and that, as to road and highway projects, the entire county allocation is available.

CAMP SCHOOLS VERSUS IDLENESS

Instead of three months of idleness, children will have three months of camp schooling in the country if a suggestion made by John W. Studebaker, U. S. Commissioner of Education is carried out. In an article *No More Summer Vacations?* Dr. Studebaker advocates scaling down to three-fourths its capacity the expensive city school plant for children between the ages of 10 and 16. With one-fourth of the money intended for city school buildings, he would build and equip camps in the near-by country.

Most city children, Dr. Studebaker observes, stagnate during the summer, some retrogress, and frequently those with nothing to do become delinquents. He would like to do way with this anachronistic do-nothing period and give city children "the benefits of country living and some of the natural, spontaneous education which was the birthright of our rural forebears."

Under the proposed system, 1,000 of the children would go to the camp school the first quarter, another 1,000 the next quarter, and so on through the year. The regular schools in the city would also operate throughout the four quarters, with 3,000 of the children always in attendance. While attendance at camp school would be optional, Dr. Studebaker believes that in time parents would be warm advocates of the year-round plan.

While the cost of maintaining a full-year school system would be higher—for one thing, teachers would be paid on a full year's basis—the increase in cost would be trifling when compared to the value received by the community . . . compared to the growing costs of juvenile delinquency.

IMMUNIZATION FILM AVAILABLE

Important facts about immunization are presented in the film *Passport to Health,* now available through the Bureau of Health Education. In an interesting story enacted by professionals from stage, screen, and radio, the film stresses the dangerous after-effects and the high death rate of many childhood illnesses, portrays what happens to a child who hasn't been protected, and demonstrates the importance of health education in prompting parents to seek out protective services for their children.

Passport to Health is a 16 mm. sound film that runs for 20 minutes, and through the courtesy of the producer—Sharpe and Dohme—has been placed on loan with the Bureau of Health Education, 521 Phelan Building, San Francisco.

U. C. PLANS MEDICAL REFRESHER COURSE

The medical faculty of the University of California will give an intensive refresher course in internal medicine at the Medical Center from June 17th to 28th inclusive, under the sponsorship of the American College of Physicians.

It is a post-graduate course for general practitioners, intended primarily for members of the American College of Physicians. Dr. Stacy R. Mettier, associate professor of medicine, is in charge of the program.

Sessions will be held five days a week, Monday through Friday, from 9 a.m. to 5 p.m. Symposia will be given on a wide range of subjects, including endocrinology, the anemias, psychosomatic relationships, pulmonary diseases, arthritis, nutrition, etc.

NEW ACD CHIEF

Dr. Lester Breslow has been appointed as Acting Chief of the Bureau of Acute Communicable Diseases to replace Dr. Russell Frantz who resigned, effective May 16, 1946. Dr. Frantz has accepted a fellowship in neuropsychiatry at the College of Medical Evangelists.

INCREASED VOLUME OF WORK AT ADULT HEALTH LABORATORIES

As a result of the establishment of the Los Angeles laboratory, industrial hygiene units in the southern part of the State can now give plant management more specific information on exposure to hazardous materials than previously and in shorter time. This laboratory has on its staff a chemist from the Los Angeles County Health Department and one from the Los Angeles City Health Department.

The trend to use the laboratories to a greater extent is indicated by a considerable increase in the volume of work now being processed at both the Berkeley and the Los Angeles adult health laboratories.

NAVY SANITATION COURSE NOW FULL SEMESTER

The University of California School of Public Health is forming plans in cooperation with the U. S. Navy, Bureau of Medicine and Surgery, to change the duration of the special Training Course in Sanitation for Hospital Corps Officers, U. S. N., from 12 weeks to a full semester, plus one month of field practice.

The University of California short courses, which are the only ones offered in this country, began on January 1, 1945. Under the supervision of Walter H. Brown, M.D., acting dean, the School of Public Health has trained 74 officers who now are supervising sanitation in Naval stations scattered from New York to Shanghai.

During the war, classes consisted of 25 students, but now are limited to 15 men. All the students have seen combat duty. They are selected for the course by the Bureau of Medicine and Surgery.

FLUORINE STUDIES

Investigations are being made by the Bureau of Sanitary Engineering to determine the fluorine content of well water in the Twenty-Nine Palms area, where considerable new building is going on. An excessive concentration of fluoride needs to be removed from public water supplies in order to protect the people of the community against endemic dental fluorosis—mottled enamel.

Although fluorine in excess can damage the teeth, research studies in various parts of the United States show no evidence that harmful effects result from 1 to 1.5 part per million of fluorine in the water. In fact, the studies point to the desirability of having about 1 p.p.m. concentration of fluoride in water supplies in order to inhibit dental caries.

MORBIDITY REPORT—APRIL, 1946

Reportable diseases	Week ending 4/6	4/13	4/20	4/27	Total cases April	5-yr. median April	Total cases Jan.-April, inc.
Amebiasis (amoebic dysentery)	4	2	5	2	13		48
Anthrax							
Botulism							
Chancroid	16	5	17	20	58		159
Chickenpox (Varicella)	1,089	1,245	883	956	4,173	6,045	13,741
Cholera, Asiatic							
Coccidioidal granuloma							14
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum)			1	1	2		14
Dengue							
Diarrhea of the newborn							35
Diphtheria	16	11	21	26	74	82	477
Dysentery, bacillary	1	4	2	3	10		66
Encephalitis, infectious		1	1		2		13
Epilepsy	23	38	37	36	134		531
Food poisoning	2	6	6	4	18		123
German measles (Rubella)	765	801	740	570	2,876		7,666
Glanders							
Gonococcus infection	507	596	733	715	2,551	1,355	10,201
Granuloma, inguinale	1	1	1	1	4		10
Influenza, epidemic	70	34	46	26	176	138	5,045
Jaundice, infectious	3	8	3	4	18		77
Leprosy				1	1		3
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale)	1	5	8	3	17		60
Malaria	20	3	15	12	50	6	334
Measles (Rubeola)	4,157	4,131	3,643	3,754	15,685	5,860	38,955
Meningitis, meningococcic	10	8	10	10	38	80	273
Mumps (Parotitis)	723	719	574	672	2,688	4,668	10,000
Paratyphoid fever, A and B	1		3	1	5		16
Plague							
Pneumonia, infectious	42	70	31	37	180	355	1,135
Poliomyelitis, acute anterior	3	3	6	8	20	9	119
Psittacosis				1	1		1
Rabies, human							
Rabies, animal	10	10	12	21	53	79	155
Relapsing fever							
Rheumatic fever	13	15	13	10	51		239
Rocky Mountain spotted fever							
Scarlet fever	185	205	184	174	748	663	3,[illegible]
Septic sore throat, epidemic							
Smallpox (Variola)						1	1
Syphilis	446	435	551	672	2,104	2,164	8,1[illegible]
Tetanus	1	1		1	3		16
Trachoma	1				1		6
Trichinosis			6		6		6
Tuberculosis, pulmonary	171	96	199	292	758	706	2,7[illegible]
Tuberculosis, other forms	8	1	9	23	41	36	146
Tularemia							
Typhoid fever	2	3	3	4	12	13	44
Typhus fever			2	1	3		17
Undulant fever (Brucellosis)	8	1	8	6	23	23	94
Whooping cough (Pertussis)	75	54	85	97	311	1,791	1,7[illegible]
Yellow fever							
					32,908		106,0[illegible]

NOTE—Military cases, if any, not included.

GIFT TO ALUM ROCK SANATORIUM

A gift of $5,000 for medical research to Alum Rock Sanatorium will establish the Philip H. Pierson Memorial Research Fund as a dedication to Dr. Pierson's work in the field of medicine, particularly diseases of the chest. Dr. Pierson, formerly of the Stanford University Medical School and consultant at Alum Rock Sanatorium, died January 17th.

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